

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

ice	Belcharten
	Belchenoun, MA
File with:	City or Town Clark or Election Commiss

Fill in Reporting Period dates: Beginning Date: 01/0	1/2011 Ending Date: 05/05/2011W
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election] 30 day after election
Candidate Full Name (if applicable)	Clupp for Community: Yes! Committee Name
Office Sought and District	Name of Committee Treasurer See Sign St. 11-11 P. R. R. R. L. L. W. M. D. D. D. T. R. R. L. L. W. D. D. D. T. R. R. L. L. L. W. D. D. D. T. R. R. L. L. L. W. D. D. D. T. R. R. L. L. L. L. W. D. D. D. T. R. R. L.
Residential Address Telephone Number (optional):	Committee Mailing Address Telephone Number (optional):
SUMMARY BALANCE	
Line 1: Ending Balance from previous report	# 76.85
Line 2: Total receipts this period (page 3, line 11)	-0-
Line 3: Subtotal (line 1 plus line 2)	4 76.85
Line 4: Total expenditures this period (page 5, line Line 5: Ending Balance (line 3 minus line 4)	14) 4 76-85
Line 6: Total in-kind contributions this period (page	ge 6) — O —
Line 7: Total (all) outstanding liabilities (page 7)	-0-
Line 8: Name of bank(s) used: Florence	Savings Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disjursements, in-kind c finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	antribitions and dapillies for this reporting period and represents the earlyings
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	(only)
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in accommittee any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period.
Candidate without Committee OR Candidate with independent activity filing se I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of thi	best of my knowledge and bester, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required) Amou		Occupation & Employer (for contributions of \$200 or more)
	None		
·J			
	- <u>-</u>		
ine 9: Total Rece	sipts over \$50 (or listed above)	-0-	
ine 10: Total Rec	eipts \$50 and under* (not listed above)	-0-	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	-0-	← Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1			
Line 9: Total Red	ceipts over \$50 (or listed above)	-0-	
Line 10: Total Re	ceipts \$50 and under* (not listed above)	-0-	
	RECEIPTS IN THE PERIOD	-0-	Enter on page 1, line 2
		1	ould include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)

report all expenditures. Please include your committee name and a page number on each page.)				
w w	To Whom Paid	Address	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)		Account Inactivity	
, ,		P.O. Box 60700	- muctivity	
01/26/2011	Hovence Savings Bank	Florence, MA 01062	tee Keversal	(10,00)
	Ch Galany	Pa Ray Gy V	Charitable	
,,,	Cupp to common Ly	20,000	ا ا	86,85
0407/2011	Clapp for Commonity Campaign	Beldrertown, MA-01007	Contribution	06,85
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		Line 12: Total Expenditures o	ver \$50 (or listed above)	76.85
	Line 13: Total Expenditures \$50 and under* (not listed above)			
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD 76.85				
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE TEXASD 100 -00 -00 -00 -00 -00 -00 -00 -00 -00				

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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				J
		Line 12: Expenditures over \$	250 (or listed above)	\$ 76.85
Line 13: Expenditures \$50 and under* (not listed above)				-0-
				# 76.85

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.